FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est lime per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

PREVIOUS YEAR TOTAL	TOTAL	Service Workers	Laborers and Helpers	Operatives	Craft Workers	Administrative Support Workers	Sales Workers	Technicians	Professionals	First/Mid-Level Officials and Managers	Executive/Senior Level Officials and Managers				Categories	Job		SECTION II - Full-Time Employees.	2018	2. Year Report Filed	South Slope Cooperative Telephone Company Inc. 980 N Front St PO Box 19 North Liberty, IA 52317	1. Name and Mailing Address of Respondent	SECTION 1 - General Information
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0	0											Α	Маю	[2	Hispanic or						hone Comp	pondent	
0	0											8	Female	7	nic or				Period Covered by 3/16/2018	3. Reporting	any Inc.		
61	61		2		34		b			23		С	White						wered by Rep 2018	Period (Endi			
0	0											0	Black or African American						Period Covered by Report) 3/16/2018	ng Date of Pa			
0	0											m	Native Hawaiian or Other Pacific Islander						•	y			
0	0											711	Asian	Male									
0	0				-							ဝ	American Indian or Alaska Native				Nun (Report empl	D. E.J. 16	Reporting a. Fe	4. Number o			
0	0											I	Two or more races		Not-Hispa	Race/Ethnicity	Number of Employees (Report employees in only one category)	1 to of more (complete all sections)	Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only)	4. Number of Full-Time Employees during Selected			
22	21					14		,	w	s.		_	White		Not-Hispanic or Latino	y	one category	ipiete ali seci	k one): complete Sec	mployees du			
0	0											د	Black or African American				٥	ions)	xions I, IV, ar	ing Selected			
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0	0			<u> </u>								<i>,</i> -	Asian	Female									
0	0											<u> </u>	American Indian or Alaska Native								is a		
0	0										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	z	Two or more races								Check here if this is a change of address.		
83	82	0	2	0	35	14		0	Lu	26		0		Columns A - N	Total						- .		

SECTION III - Part-Time Employees.	yees.					***************************************		Non	For of Emplo							
	<u></u>							(Report empl	(Report employees in only one category)	one category						
Job									Race/Ethnicity							
Categories		Hispanic or							Not-Hispan	Not-Hispanic or Latino						Total
		Latino				Male	sie					Female	ale			Columns A - N
	Male		Female	White	Black or African American	Native Hawailan or Other	Asian	American Indian or Alaska	Two or more races	White	Black or African American	Native: Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	
		. 				Pacific Islander		Native				Pacific Islander		Native		
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Executive/Senior Level Officials and Managers 1	1.1															0
First/Mid-Level Officials and 1	1.2															0
Professionals	2			,												0
Technicians	ω															
Sales Workers	4															
Administrative Support Workers	O ₁			-												
Craft Workers	6															0
Operatives	7															
Laborers and Helpers	8															
Service Workers	9															
TOTAL 1	10 0		0	-	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL 1	11 0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	nination C	omplaints	Pursuan	t to 47 CFF	22.321, 23.	55, 90.168, 10	1.4, and 101	.311.	-	•	•	•		-		
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. Attend a list indication parties involved data filed courts or prepriets the matter has been heard file number or other desirants and current status or despection.	Commissi y body hav Commiss	ion that no ing compe ion that the	complaint tent jurisdi following	s regarding ction in suc complaints	violations of h matters du alleging viola	the equal emp ring the calend ations of the pr	ovisions of a	isions of Fedined by this report in the repo	eral, state, ter	ritorial, or loca	al statutes have been fill	ve been filed a	gainst this company.			
SECTION V - Certification						annu d'annu d	definition of the second					***************************************				
Date Typed or Printed Name of Person Signing Signature	Typed or Printed Name of Person Signing	inted Name	of Person	Signing	arks ar ans re	- Port of the Care	Signature			,			Telephone No.	0		
24/2018	Charles Deisbeck	s Deisl	beck	,						9	((319) 6	(319) 626-2211		
Title of Person Signing					OF ANY ST	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	EMENTS M.	ADE ON THIS	FORM ARE PERMIT (47	PUNISHABLI U.S.C. 312 (A)(1) AND/OR	ID/OR IMPRI	SONMENT (1 E (47 U.S.C. !	8 U.S.C. 100- 503).	I) AND/OR RI	EVOC